## M1300007543

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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FILED DEPARTMENT OF STATE OF S

MAY 2'5 2013 BRUCK CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: I20000001	95
	REFERENCE	: 127748	8094732
	AUTHORIZATION	Lough Ble	nia.
	COST LIMIT	: \$ 25,400	
ORDER DATE :	May 3, 2016		
ORDER TIME :	12:19 PM		
ORDER NO. :	127748-035		
CUSTOMER NO:	8094732		
	FOREIGN F	<u>ILINGS</u>	SECRETALAHAN
NAME:	SUPPORT BY RE	CYCLING, LLC	24 A SSEE, FI
	TE PARTNERSHIP LIABILITY COMPAN	Y	କ <b>5</b> u
XXXX AMENDMEN	r		
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILE	NG:
	FIED COPY STAMPED COPY		

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida Department of
State: SUPPORT BY RECYCLING	S, LLC
Enter new principal office address, if applicable:	9045 LaFontana Blvd.
(Principal office address	Suite 239
MUST BE A STREET ADDRESS)	Boca Raton, FL 33434
Enter new mailing address, if applicable:	9045 LaFontana Blvd.
(Mailing address MAY BE A POST OFFICE BOX)	Suite 239
	Boca Raton, FL 33434
2. The Florida document number of this limited lia	bility company is: M13000007543
3. Jurisdiction of its organization: DELAWAF	
4. Date authorized to do business in Florida: 12/	
SECTION II (5-9 complete only the applicable of	changes)
5. New name of the limited liability company: (mus	t contain "Limited Liability Company, " "L.L.C.," or "LLC.")
	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name c." or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office ac	ed officer address on our records, enter the name of the new iddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	, Florida
<del></del>	City Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
tle/ Capacity	<u>Name</u>	Address	Type of Action		
			Add		
			Remo		
		<u> </u>	Add		
			Remo		
			Add		
			Remo		
			Add		
			Remov		
Attached is a certifi	cate, if required: no more than 90 cendment(s) duly authenticated by		Remov		
jurisdiction under th	ne law of which this entity is organ	ized.  he authorized representative	us at the		

Filing Fee: \$25.00